



CITY OF ATLANTA OVERNIGHT VEHICLE UTILIZATION FORM

- ☐ Application for Initial Authorization
☐ April 1st through October 1st
☐ Application for Semi-Annual Rectification: October 1st through April 1st
☐ Emergency / Temporary Use _____ to _____
 From _____
☐ Cancel Overnight Use Authorization

Last Name		First Name Initial		Middle		Department/Bureau/Division	
Job Class (Title)		Working Title (Function)				Cost Center	Section/Unit
Position No.	Work Location	Vehicle No.	Year/Make/Model		Is this a marked vehicle? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)		
Residence (City & Country)		One-way Mileage (Residence/ Work)			First Responder? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)		

REGULAR OVERNIGHT USE JUSTIFICATION

Previous total miles during 6 month period	Odometer Reading	Authorization: Mayor (<input type="checkbox"/>) Correction Chief (<input type="checkbox"/>) Fire Chief (<input type="checkbox"/>) Chief of Police (<input type="checkbox"/>)	Sworn Police Officer <i>must reside in Atlanta City Limits</i> Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
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First Responder Justification <i>Please explain</i>	Emergency/Temporary Use Justification <i>Please explain</i>
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FIRE / POLICE ONLY

Division Commander)	Approved ()	Disapproved ()
Signature: Department Head	Approved ()	Disapproved ()
Signature:		

AUTHORIZED SIGNATURES

Department Head)	Approved ()	Disapproved ()
Signature: Chief Operating Officer	Approved ()	
Signature:		

I swear/affirm that the information contained in this document is a true and accurate account of first responder activity for the specified time period. I understand that falsifying or fabricating information contained herein may result in criminal and/or disciplinary action.

Employee Signature

Date